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THE MANOR HOSPITAL MANAGEMENT COMMITTEE

EPSOM, SURREY



Report of

PHYSICIAN - SUPERINTENDENT

July, 1957

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THE MANOR, EPSOM

THE MANOR HOSPITAL GROUP
SOUTH-WEST METROPOLITAN REGIONAL
HOSPITAL BOARD

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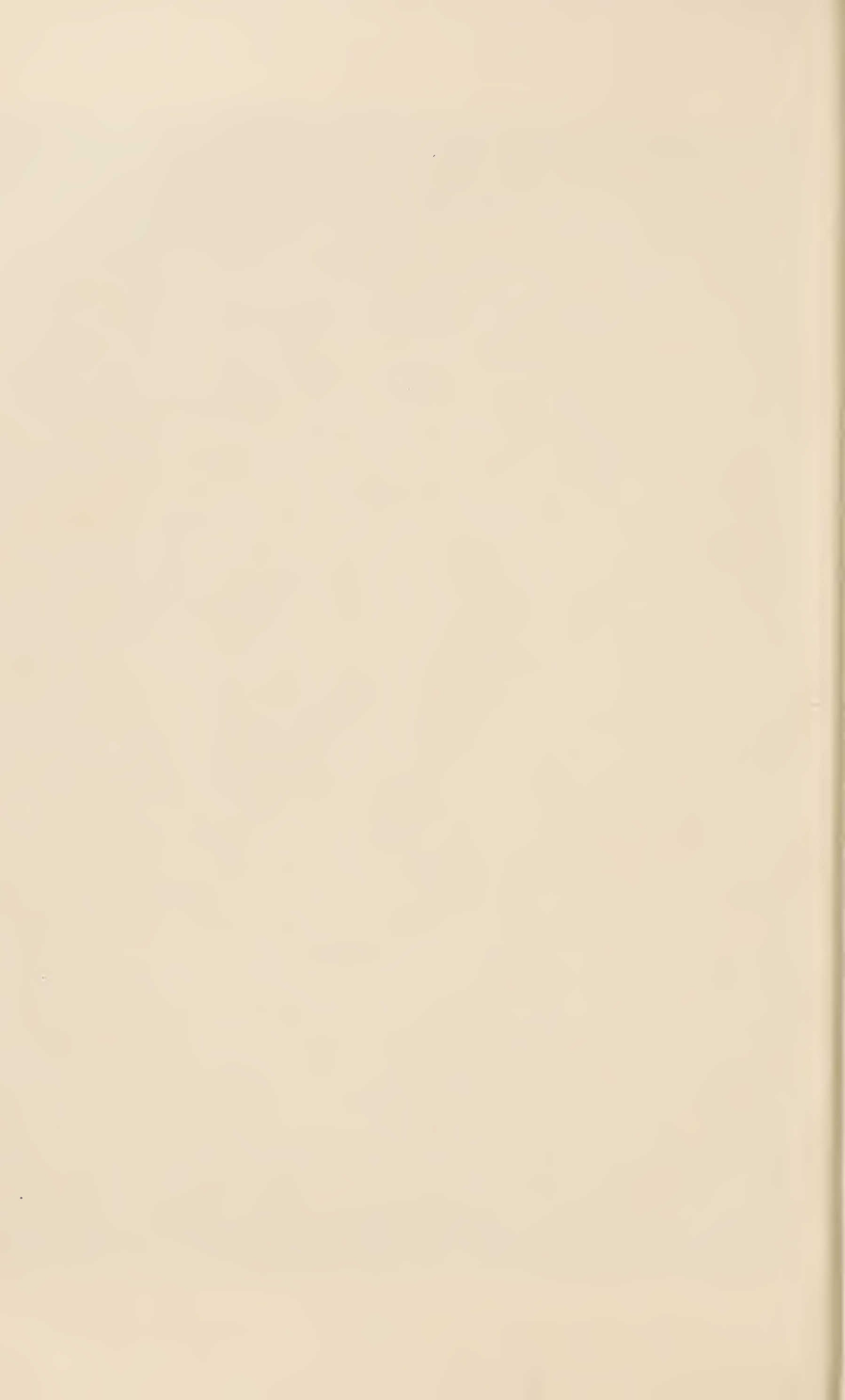
W. A. HAYDEN, F.H.A.

Matron

I. W. K. SMITH, S.R.N., R.M.N., R.M.D.N.

Chief Male Nurse

A. HUNTINGTON, R.N.M.D.



PSYCHIATRIC STAFF

J. F. MACMAHON, M.A., M.D., D.P.M.	Consultant Psychiatrist and Physician Superintendent
F. I. McD. PATERSON, M.B., B.S., D.P.M.	Senior Hospital Medical Officer and Deputy Physician Superintendent
A. R. WORTERS, M.B., B.S.	Senior Hospital Medical Officer
J. BOLLAND, M.B., CH.B.	Registrar (peripatetic)
A. H. MADGWICK, M.B., B.S.	Junior Hospital Medical Officer
L. BARLOW, M.B., B.S., D.C.H., D.P.M.	Junior Hospital Medical Officer
A. J. COUR-PALAIS, M.R.C.S., L.R.C.P.	Locum tenens for Junior Hospital Medical Officer

VISITING MEDICAL AND DENTAL STAFF

A. W. W. B. WOODS, M.R.C.P.	Physician
R. DORRINGTON WARD, M.B., B.S., D.O.M.S.	Ophthalmologist
H. V. O'SHEA, M.D., D.L.O.	E.N.T. Surgeon
J. FOLEY, M.A., M.D., M.R.C.P.	Neurologist
R. E. GIBSON, M.B., B.S., F.F.A.R.C.S., D.A.	Anaesthetist
A. J. SHELDON, L.D.S., R.C.S.	Dental Surgeon

PSYCHOLOGICAL UNIT STAFF

A. D. B. CLARKE, B.A., PH.D.	Consultant Clinical Psychologist
A. M. CLARKE, B.A., PH.D.	Psychologist
V. HAMILTON, B.A., PH.D., DIP.PSYCH.	Psychologist (peripatetic)

FOREWORD

By the CHAIRMAN of the
HOSPITAL MANAGEMENT COMMITTEE

NOW that the Royal Commission on the Law relating to Mental Illness and Mental Deficiency, 1954-57, has reported, it is manifest that mental deficiency hospital practice is likely to be transformed. Thus, with great changes impending, the present juncture seems appropriate for a general review of both clinical and administrative developments at The Manor with particular reference to the results achieved in 1956.

The following Report by the Physician Superintendent fulfils this need and I am sure that his comprehensive account of The Manor Hospital will be of great value to Members of the Management Committee, the hospital staff and indeed many others interested in Mental Deficiency Hospital practice.

CYRIL V. JENKINS

*Chairman of The Manor Hospital
Management Committee*

P R E F A C E

SINCE June 1899 The Manor has been successively an Asylum for patients detained under the Lunacy Acts, a hospital for military casualties of the first World War and, from January 1922 to the present time, a mental deficiency colony.

As a Certified Institution, managed by the London County Council under Section 36 of the Mental Deficiency Act of 1913, The Manor, unlike the other mental deficiency institutions governed by that local authority, was used chiefly in the care and socio-industrial habilitation of "improvable and trainable" cases of all ages and both sexes. Indeed, until the establishment of the National Health Service, The Manor was one of the very few mental deficiency institutions orientated specifically to the training of really "high grade" and, in many instances, psychopathic defectives and its staffing, training facilities and accommodation were developed accordingly. More recently, however, Regional Hospital Board policies have led to an increasingly high proportion of low grade admissions and, as a relatively high licensing and discharge rate has been maintained, there has been some reduction in the ratio of high to low grade cases under care. Nevertheless, even now, the ratio of feeble-minded women and girls (of over 16 years of age) to low grade females (i.e. imbeciles and idiots) is in the order of 7 to 3 and the equivalent ratio in the case of males is about 6 to 4.

When "The Manor Asylum" commenced to function at the turn of the present century it consisted of a series of hutted buildings erected close to the previously derelict *Horton Manor which was itself adapted to provide administrative and staff accommodation. Later five substantial brick bungalow type ward units were added and, between the two World Wars, these were supplemented with three more villas and the acquisition of two hostels. Unfortunately, however, during the last war bombing did extensive material damage and destroyed most of the old Manor House including 44 staff bedrooms, part of the stores, part of the Committee rooms and the Physician Superintendent's residence. Other serious damage included the destruction of the operating theatres in the main hospital and the swimming pool at Sherwood Hostel. Happily, these incidents were not attended with loss of life.

* In 1540 The Manor of Horton was bequeathed to Nicholas Mynn who resided at Horton Manor which was also known as Horton Place (Pepys mentions his visit there on 26th July, 1663). Later Richard Evelyn (brother of John Evelyn, the diarist) married one of the Mynns and the property passed to the Calvert (Lord Baltimore) family. In 1768 the then Baron Baltimore fled to Italy in disgrace and the property was sold. Penultimately, it came into the possession of the Trotter family who seem to have rebuilt Horton Manor. With the departure of the Trotters towards the end of the nineteenth century Horton Manor and its park remained derelict until the London County Council bought the property and in the course of thirty years built five mental hospitals on the Horton Estate.

NURSING STAFF

(Establishment and Present Whole and Part-Time Complement)

(1) FEMALE

Matron : MISS I. W. K. SMITH, S.R.N., R.M.N., R.M.D.N.

Deputy Matron : MISS V. MULLIGAN, S.R.N., R.M.D.N., S.C.M.

				<i>Establishment</i>	<i>Present Complement</i>	
				<i>Whole-Time</i>	<i>Whole-Time</i>	<i>Part-Time</i>
Matron ...	...	...	...	1	1	—
Deputy Matron	...	...	...	1	1	—
Assistant Matrons	...	...	...	6	6	—
Sister Tutor	...	...	...	1	—	—
Night Nurse in sole charge	...	...	...	1	1	—
Ward Sisters	...	...	...	23	22	—
Staff Nurses	...	...	...	108	5	11
Student Nurses	...	...	...		18*	
Nursing Assistants	...	...	...	—	20	39
Ward Orderlies	...	...	...	—	2	—
Totals ...	...	...	...	141	76	50†

Notes : † Deemed equivalent of 28 whole time staff.

* Four of these student nurses are attending the Preliminary Training School.

(2) MALE

Chief Male Nurse : A. HUNTINGTON, R.N.M.D.

Deputy Chief Male Nurse : H. W. WEATHERALL, S.R.N., R.N.M.D.

				<i>Establishment</i>	<i>Present Complement</i>	
				<i>Whole-Time</i>	<i>Whole-Time</i>	<i>Part-Time</i>
Chief Male Nurse	...	...	...	1	1	—
Deputy Chief Male Nurse	...	...	...	1	1	—
Assistant Chief Male Nurses	...	...	...	2	2	—
Night Nurse in sole charge	...	...	...	1	1	—
Charge Nurses	...	...	...	18	18	1*
Staff Nurses	...	...	...	48	10	3
Student Nurses	...	...	...		10†	
Nursing Assistants	...	...	...	—	17	7
Totals ...	...	...	...	71	60	11‡

Notes : ‡ Deemed equivalent of five whole time staff.

* Relief to Night nurse in sole charge.

† Five of these student nurses are attending the Preliminary Training School.

PATIENTS' ACCOMMODATION

Before the hospital was "vested in the Minister" the "certified accommodation" available was as follows, in terms of beds :

Adult males	515	+	Male children	136	=	Males	<i>Total</i> 651
Adult females	589	+	Female children	92	=	Females	681
Totals	1,104	+		228	=		1,332

After a review of the position in relation to "The Minister's Standards" it was agreed with the Regional Hospital Board on 19th March, 1953, that The Manor should provide 900 beds. These are distributed (nominally) as follows :

Adult males	352	+	Male children	90	=	Males	<i>Total</i> 442
Adult females	393	+	Female children	65	=	Females	458
Totals	745	+		155	=		900

(This nominal accommodation has, since 1953, been increased by the provision of some twenty beds on enclosed verandahs.)

Note : In practice overcrowding to a maximum of 1,200 beds is tolerated and the number of patients resident now varies between 1,160 and 1,185.

PRINCIPAL STATISTICS RELATING TO PATIENTS UNDER CARE INCLUDING ADMISSIONS, DISCHARGES AND THOSE PLACED ON LICENCE AND IN EMPLOYMENT DURING 1956

<i>Average number of patients resident ...</i>	<i>...</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
		589	+ 593	= 1,182

Cases "on the books" under Order and "placed" (Mental Deficiency Act, 1913)

<i>Date</i>	<i>Under S.6</i>		<i>Under S.8/9</i>		<i>Under S.3</i>		<i>Total</i>
	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	
January 1st	515	605	109	43	19	6	= 1,297
December 31st	495	577	91	36	28	17	= 1,244

ADMISSIONS					<i>Male</i>	<i>Female</i>	<i>Total</i>
Direct admissions ...	...	...	...	...	25	+ 24	= 49
Indirect admissions	...	...	...	...	—	3	= 3
Temporary admissions (M.o.H. Circ., 5/52)					13	+ 7	= 20
Total admissions ...	...	...	...	...	38	+ 34	= 72

Note : The hospital catchment area is S.W. London and East Surrey but many cases are accepted from other areas.

DEPARTURES					<i>Male</i>	<i>Female</i>	<i>Total</i>
Orders discharged	...	...	...	...	44	+ 42	= 86*
Patients transferred	...	...	...	...	5	+ 4	= 9
M.o.H. Circ., 5/52, cases discharged	...	...	...	...	13	+ 7	= 20
Died	...	...	...	...	5	+ 5	= 10
Total departures ...	...	...	...	...	67	+ 58	= 125

Note : * Eighty-six discharges in the course of a year is a record for The Manor ; but, it is relevant that during the year 1956 the policy to recommend discharge after a year's licence was adopted unless there were overwhelming grounds for its denial.



MALE EXPERIMENTAL INDUSTRIAL UNIT
Piece-work Box Making

Photo E. L. Evans



MONGOLIAN IMBECILE
Earning capacity £3 a week



FEEBLE MINDED
Earning £3 a week

Photos R. Hermelin



FEMALE EXPERIMENTAL INDUSTRIAL UNIT
Cracker Making and Chocolate Packing

Photo E. L. Evans

LOCAL EMPLOYMENT SCHEMES FOR PATIENTS UNDER THE
DIRECT SUPERVISION OF THE MANOR SOCIAL WORKERS

(1) For patients in wage-earning employment in the Epsom Area but still resident in The Manor or in its hostels (Hollywood and Sherwood).

			<i>Male</i>		<i>Female</i>		<i>Total</i>
So employed on January 1st	...	...	63	+	65	=	128
Placed and/or replaced	...	...	40	+	36	=	76
So employed on December 31st	...	...	66	+	58	=	124

(2) For patients in wage-earning employment and on licence with employers or in lodgings.

So licensed on January 1st	...	...	29	+	19	=	48
Licensed	...	...	16	+	15	=	31
Orders discharged	...	...	20	+	14	=	34
On licence on December 31st*	...	...	21	+	18	=	39

DISTANT LICENCE

This group includes patients licensed in their own homes or with employers ; but, directly supervised by local authority officers. Cases on holiday leave or absent for special treatment have been excluded.

			<i>Male</i>		<i>Female</i>		<i>Total</i>
On licence January 1st	...	...	24	+	33	=	57
Licensed	...	...	7	+	15	=	22
Orders discharged	...	...	20	+	21	=	41
On licence December 31st*	...	...	6	+	17	=	23

Note : * With an increased discharge rate there has been a correlated decline in the number of patients on licence. It cannot be too highly stressed that the vast majority of patients discharged from The Manor are earning standard wages and many have been the subjects of considerable increments in test I.Q's since admission.

TRAINING FACILITIES

SCHOOL AND OCCUPATION CENTRE (90 pupils): MISS D. E. MEAD, Head Mistress

This department is co-educational and serves as the equivalent of both an E.S.N. school and an occupation centre for hospital inmates of ages ranging between four and twenty years and with I.Q's of between 35 and 90 or more. Its whole-time staff consists of a Head Teacher and five assistants (all qualified). The number of pupils varies between 85 and 120 and when the roll exceeds 100 part-time attendance keeps classes small. In addition to working in the school teachers have now embarked on a scheme to provide tuition for adult patients in the hospital wards and hostels. A major development has also been the institution of a domestic science class in a special school kitchen. This has been so successful that it is proposed to enlarge the existing facilities and make them available to selected adult patients in the wards and the female hostel.

Speech Therapy : MISS M. A. PENWILL, L.C.S.T.

Miss Penwill, a qualified speech therapist, devotes four sessions weekly to the victims of speech defects chiefly referred from school. She is assisted by a trainee speech therapist.

Singing and Speech Training : MRS. F. J. WARD, L.R.A.M. (GOLD MEDAL), L.A.M.,
M.R.S.T.

Mrs. Ward has four sessions weekly and her classes are made up of groups of adult patients who are taught singing and choral work. Some of the results are demonstrated in the Summer Choral Competitions and the Christmas Pantomime.

Male Industrial Workshops and Industrial Trainers (120 patients)

These shops have an establishment of nine tradesmen instructors (Trainers) who are in charge of separate units equipped for brush and basket makers, carpenters, cobblers, printers, tailors, tinsmiths and upholsterers. About 120 patients of medium and high grade attend the shops and many others are under the tutelage of gardening and other Trainers who function about the hospital grounds and in the various service departments.

Male Experimental Industrial Unit (35 patients): MR. A. T. PETHICK, Supervisor
Female Experimental Industrial Unit (15 patients): MRS. E. M. GERRISH, Supervisor.
Social Worker to both Units—MISS O. HAYMAN

The Male Unit was opened in 1952 to provide intensive socio-industrial training for a small group of feeble-minded mental defectives specially selected as being potentially capable of undertaking factory employment at standard wages. The training regimen includes the application of mass production methods to the preparation and treatment of materials supplied by commercial firms, pay at piece-work rates for the trainees and, as additional incentives, town parole privileges and the knowledge that many of their predecessors in the Unit are earning standard wages in local factories, as well as having, in many instances, secured licence and the discharge of their Orders.

The Supervisor of a Unit such as this must necessarily be versatile and, apart from being able to control and supervise his trainees, be ready to acquire proficiency in the very different techniques employed on the various manufacturing jobs undertaken and, if circumstances so dictate, go to the supplying factory to learn them.

A group of low grade cases (imbeciles) is also employed in the male Unit and these patients' efforts indicate that relatively low grade aments can earn a wage under sheltered conditions.

In light of the success which attended the work of the male Unit a similar Unit was opened, a few years later, on the female division. The socio-industrial training regimen is similar and last year nine girls were placed in employment on a daily basis, four were placed on licence and two secured the discharge of their Orders.

Both Units share the services of the same Social Worker and both are also under the direct management of the Psychologists of the Hospital.

Occupational Therapy (80 patients): MISS E. E. EDWARDS, M.A.O.T.

Three therapists staff the two units on the female division and are responsible for teaching some 80 patients of medium grade a variety of crafts, including lace-making, weaving, knitting, dressmaking, brush-making, mat-making, book-binding, raffia work, toy-making, etc.



HOLLYWOOD LODGE

Photo F. Woods, Epsom

Hospital Laundry (45 patients): MISS C. MARTIN, Laundry Mistress

This department is more than a hospital service unit because it provides training for defectives which, in many instances, has enabled them to take up wage-earning employment in commercial laundries and so become self-supporting. Apart from those who have already had their mental deficiency Orders discharged, 14 ex-trainees are now employed at full standard wages at three local commercial laundries and go out to work daily from the hospital.

Needleroom (60 patients): MISS M. FULLER, Needleroom Mistress

This is essentially a service department where about 60 medium grade female patients are usefully employed and where clothing and other furnishings are marked, repaired and, in the case of certain staff uniforms and patients' clothing, made.

Local Wage-Earning Employment: Social Workers—MR. L. G. VOLLER and MISS E. L. EVANS ; MISS O. HAYMAN.

An average of about 135 male and female patients go out to wage-earning employment daily from the wards of the main hospital and the two Hostels, Hollywood and Sherwood. Of these patients about 40 work in factories and laundries and the rest are employed mainly as unskilled labourers, porters and domestics. A further 35-40 males and females are on licence with their employers or are in lodgings locally ; all these patients are under the supervision of the hospital's social workers and practically all earn standard wages.

Hollywood Lodge : MISS G. BOOTHROYD, R.M.D.N., Assistant Matron

This hostel is a converted mansion to which a hatted laundry and service unit has been added. It is about half a mile away from the main hospital and separately situated across a public road. Hollywood accommodates some 40 patients, three-fourths of whom are in wage-earning employment in the Epsom area. The other residents are mainly trainees for domestic posts and facilities and equipment similar to those to be found in private homes are provided for training purposes. (Additional hostel facilities are necessary as some 30 girls go out to work daily from a ward in the main hospital.)

Sherwood Hostel

Like Hollywood Lodge this hostel is also about half a mile away from the main hospital. It provides residential facilities for some forty male patients who are wage-earners in the Epsom District. (Additional hostel facilities are also needed on the male division as nearly thirty men go out to work daily from a ward in the main hospital.)

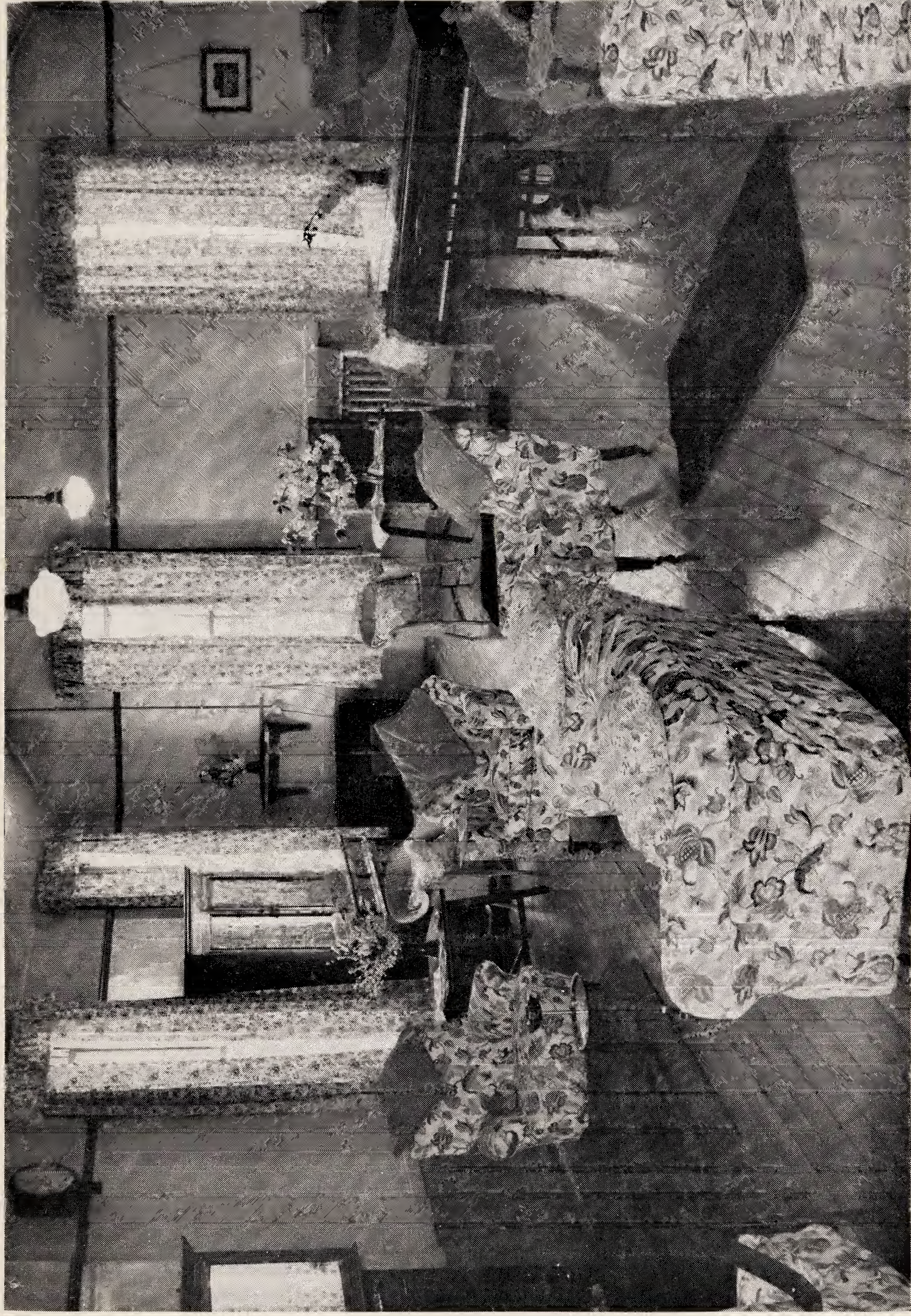
The departments already mentioned provide occupation and training for between four and five hundred inmates ; in addition, hundreds of others are usefully employed in and about the hospital on a variety of service, maintenance and domestic tasks. The words "usefully employed" have a wide extension because the activities referred to are useful both to the patients concerned and to the hospital itself.

PATIENTS' AMENITIES

1. As eighteen of the twenty-one ward units are "open", i.e. "unlocked" the patients concerned have parole within the hospital—moreover, as the main gate of the hospital is permanently open and unguarded, there is no physical impediment to patients absconding—nevertheless bounds are only broken occasionally and few patients abscond.
2. Town Parole at regular intervals is granted to all wage-earning patients, Experimental Industrial Unit patients, Scouts, Guides and all others deemed to be sufficiently competent socially to justify the privilege.
3. Pocket money is issued to patients in amounts varying between 1s. and 7s. 6d. weekly—the precise amount depending on age, grade and effort to attain potentials in terms of work and behaviour.
4. Television and Radio are now installed in all wards and villas together with equipment for indoor games and recreations.
5. Cinema performances and dances are held in the recreation hall weekly and concerts occasionally.
6. The patients' shop in the visiting hall is open daily and is being extended to provide a tea and ice-cream service.
7. Football and cricket facilities are available in season and patients' teams compete in local leagues and inter-hospital competitions.
8. Swimming classes in the Municipal Baths for some of the school children are under the direction of school teachers.
9. Almost all patients enjoy coach trips to the seaside in summer and special arrangements are made to provide wage-earners with a fortnight annually on the coast.
10. Extension Scout and Guide activities are conducted respectively by Rev. B. de Mel and Miss E. E. Edwards.
11. The Chaplain, Rev. B. de Mel, takes the usual Church of England services in the Recreation Hall. The Non-Conformist Minister, Rev. W. E. Evans, is part-time and also uses the Recreation Hall for his services. The Rev. H. McCauley is the Roman Catholic Priest and has a small chapel at his disposal. The Rev. B. Greenberg is the visiting Jewish Minister.
12. The Chaplains are also responsible for religious instructions to juvenile members of their respective denominations, including Confirmation classes.

STAFF ACCOMMODATION AND AMENITIES

The female nurses' home is functionally inadequate and is unsuitably placed among the male wards. It contains more than 40 bedrooms; but, because of its situation and its remoteness from the various staff sitting rooms and the cafeteria some nurses and domestics prefer to occupy rooms off wards and ward corridors.



NURSES' SITTING ROOM

Photo F. Woods, Epsom

There is no male nurses' home and thus resident male staff also use rooms off wards and ward corridors. The question of providing new resident staff accommodation at The Manor was raised some years ago ; but, without result, apart from the kind offer of a neighbouring mental hospital to provide accommodation for nurses from The Manor on a temporary basis. Although the accommodation offered was superior none of The Manor nurses accepted the offer.

Other staff amenities include a cafeteria, five sitting rooms, a television room, lecture room and the use of the recreation hall for various functions and games. Outdoor facilities include tennis courts and the use of the cricket and football grounds. The Manor Athletic and Social Club is subsidised by the Amenity Fund and plays a leading part in the organisation of staff recreations.

MAJOR CONSTRUCTIONAL AND BUILDING DEVELOPMENTS

Since the war the entire hospital has been redecorated internally and the corrugated iron hutments have been painted externally. The boundary fencing of the hospital estate has been almost completely renewed ; sanitary annexes to wards have been improved and hot and cold water supplies have been provided in the rooms in the nurses' home. Additional baths in female wards have been substituted for the equipment in the female general bath room which has been converted to other use. Verandahs off three wards have been enclosed and equipped with facilities for their conversion to isolation wards in the event of emergency arising. Enclosure of the main corridors of the hospital has been almost completed, the boiler house has been reconditioned, a laundry unit has been added to Hollywood Hostel, a chapel has been provided for R.C. patients and a patients' canteen has been built off the visiting hall. In addition a great deal of war damage has been made good.

Future Plans

Future plans include the addition of a wing to the recreation hall to provide buffet and other facilities and another to improve arrangements for Church services.

Modifications to the patients' canteen to provide improved service and storage facilities are also being undertaken and it is hoped to provide more space and improved equipment for the domestic science class room in the school.

Additional accommodation in the form of a new lecture and study room for nurses will also receive consideration if indications of an improvement in the recruitment of student nurses are maintained.

Application has already been made for the capital expenditure involved in the purchase of electro-encephalographic equipment and it is hoped to open an E.E.G. department in the near future.

Major (but costly) items of future planning are a new general kitchen and the building of a high security villa, self-sufficient in terms of industrial training and recreation, to accommodate about 30 male psychopathic cases and so replace N.1 ward which so inadequately serves this purpose at present.

SUMMARY OF POST-WAR DEVELOPMENTS AND FUTURE TRENDS

At the present time there are some 1,240 patients "on the books" of The Manor and of these some 1,170 are resident, about 8 per cent. are children, i.e. under sixteen years of age, and the sexes are almost equally represented. Excluding children, about 70 per cent. of the females and 60 per cent. of the males are feeble-minded and many of them are temperamentally unstable and exhibit psychopathic traits—moreover, an appreciable number of these high grade patients are, in terms of intelligence tests, close to, or within, the average range of intelligence of the general population.

Formerly most cases admitted were "trainable and improvable" but during recent years the successful social rehabilitation of high grade cases and the admission of an increasing proportion of low grade aments has led to some down-grading of the patient population. Nevertheless, training facilities, staffing and accommodation remain orientated to the needs of the feeble-minded.

Resident patients are distributed among nineteen wards and two hostels and only three of these wards are "closed." Pre-war training facilities included a school, industrial workshops, occupational therapy departments, laundry and a domestic training department in the female hostel.

Following the establishment of the National Health Service the full-time psychiatric staff was increased to six ; a psychology department was opened and, in the school, increased emphasis was placed on "3.R." tuition. Moreover, advantage of the existence of "full employment" was taken to train inmates as wage-earners and place an increasing number of them in employment. Coincidentally, these developments facilitated research, and, in co-operation with a Medical Research Council Unit, experimental industrial units were set up and, although these were mainly directed towards the socio-industrial training of high grade cases, efforts were also made to ascertain the industrial and wage-earning capacities of imbeciles (*vide Lancet*, 1955, ii, 337).

Research confirmed the impression that the intelligence of the mildly subnormal tends to increase, sometimes considerably, during adolescence and early adult life and that there is a corresponding personality improvement (*vide Lancet*, 1953, ii, 877). Indeed, some of the causal mechanisms have been differentiated and it has been established that the prognosis for subnormal adolescents from very bad social environments tends on the whole to be good, provided that intensive social and educational training is applied (*vide British Medical Journal*, 1952, ii, 254). Thus, during the past decade, emphasis has been placed on remedial rather than custodial care, and the success of The Manor's training regimens is reflected in the relatively high discharge rate (86 last year) and the fact that well over 100 inmates are going out to wage-earning employment daily, and that the vast majority of some sixty patients on licence are also wage earners.

FUTURE TRENDS OF DEVELOPMENT AT THE MANOR

1. *Experimental and Industrial Units*

Experience gained in the development of special rehabilitation units suggests that intensive industrial and social training, coupled with remedial education, leads more rapidly to discharge of the patient than traditional methods. Moreover, industrial work is considered more suitable for many high grade patients than domestic employment. Since the two Units have been deliberately restricted to catering for a maximum of 50 patients at a time, their

future extension is envisaged, provided that suitable supervisors can be appointed and additional sub-contract work obtained.

2. *Hostels for High Grade Patients*

The aim of rehabilitation is essentially the settlement of patients in suitable domestic environments once they have learned to fend for themselves in the community. The availability of such homes is limited, and thus the provision of hostels, particularly for females, prior to and immediately following discharge, is of prime importance. Situated some distance from the parent hospital, such hostels should, ideally, emulate normal home conditions and be managed unobtrusively by non-uniformed wardens. At the moment the demand for hostel accommodation at The Manor exceeds the supply, since 50-60 patients who are working in the community are unsuitably placed in wards in the hospital.

3. *Remunerative Occupation for Imbeciles*

Research here over a number of years, initiated by the Medical Research Council has indicated that many imbeciles are capable of simple repetitive industrial work at which they can earn up to £2 or £3 per week.

Provided that *ad hoc* training is given initially, the provision of supervision and control in sheltered workshops is not thought to be likely to present insuperable problems. Thus, there appears to be hope for many hitherto regarded as unemployable.

4. *School*

A major training development has been the formation of a domestic science class in a special school kitchen. This has been so successful that it is proposed to enlarge the existing facilities and make them available to selected adult patients in the wards and the female hostel.

5. *Electro-encephalography Department*

Of recent years, phenomena presented by apparently low grade defectives of normal appearance, have indicated need for research, which in its psychometric and neurological aspects has already begun. It is felt, however, that basic research, including the use of electro-encephalography, is likely to be fruitful and application has therefore been made to the Regional Hospital Board for E.E.G. equipment for The Manor. As the need is pressing it is hoped in the meanwhile to borrow a machine. Apart from this specific problem, the opening of an E.E.G. department is considered important since electro-physiological work specifically orientated towards psychopathic subnormals has so far received insufficient attention.

J. F. MACMAHON, M.A., M.D., D.P.M.

Physician Superintendent

Dorling & Co.
(Epsom), Ltd.
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